

Chapter 1. Getting started

The Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal allows providers, or their delegates, to enter all pertinent provider enrollment information using an online application. The online application captures key provider data such as contact information, provider type, specialties, and provider demographics such as names and locations.

The Online Provider Enrollment application allows you to navigate through each page of enrollment, from the contact information in the first page, to the final print preview and tracking number on the last page.

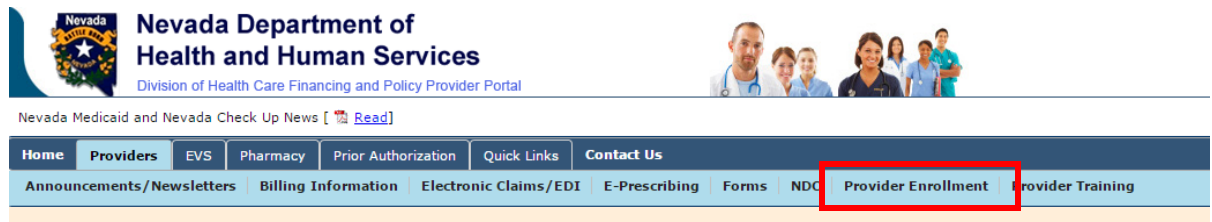
System requirements

To access the Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal, you must have internet access and a computer with a web browser (Internet Explorer 7.0 or higher or Firefox 3.0 or higher is recommended).

1.1. Accessing the Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal

To access:

1. On the Nevada Medicaid and Nevada Check Up Health Care content website home page, www.medicaid.nv.gov, click the “Provider” tab, and select “Provider Enrollment.”



2. The Provider Enrollment page is displayed.
3. Click the “Online Provider Enrollment” link.
4. The Online Provider Enrollment Portal Home page opens as shown below.



5. Click **"Provider Enrollment Application"** to initiate a new provider enrollment application.


Provider Enrollment

[Provider Enrollment Application](#)
Initiate a new provider enrollment application.


[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)
Check the current status of an enrollment application.

Provider Enrollment: Welcome page is displayed.



Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#)
[Frequently Asked Questions](#)

Provider Enrollment

[Provider Enrollment](#) > Provider Enrollment Application

Provider Enrollment: Welcome

Welcome

Request Information

Specialties

Addresses

Provider Identification

Other Information

Managing Individuals

Agreement

Attachments

Summary

Welcome to the Online Provider Enrollment System

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll with Hewlett Packard Enterprise as a Nevada Medicaid Provider. Hewlett Packard Enterprise is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program.

All of the materials within this document must be completed and submitted to Hewlett Packard Enterprise for your request to be processed. A [checklist](#) of required documentation has been provided for your convenience. Please review the [Provider Information Enrollment Booklet](#) for additional information.

Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.

If you have questions concerning enrollment, contact Provider Enrollment at (877) 638-3472 (select options for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Please click the **"Continue"** to proceed.

Continue

Cancel

Online Provider Enrollment User Manual, Chapter 1
12/01/2015

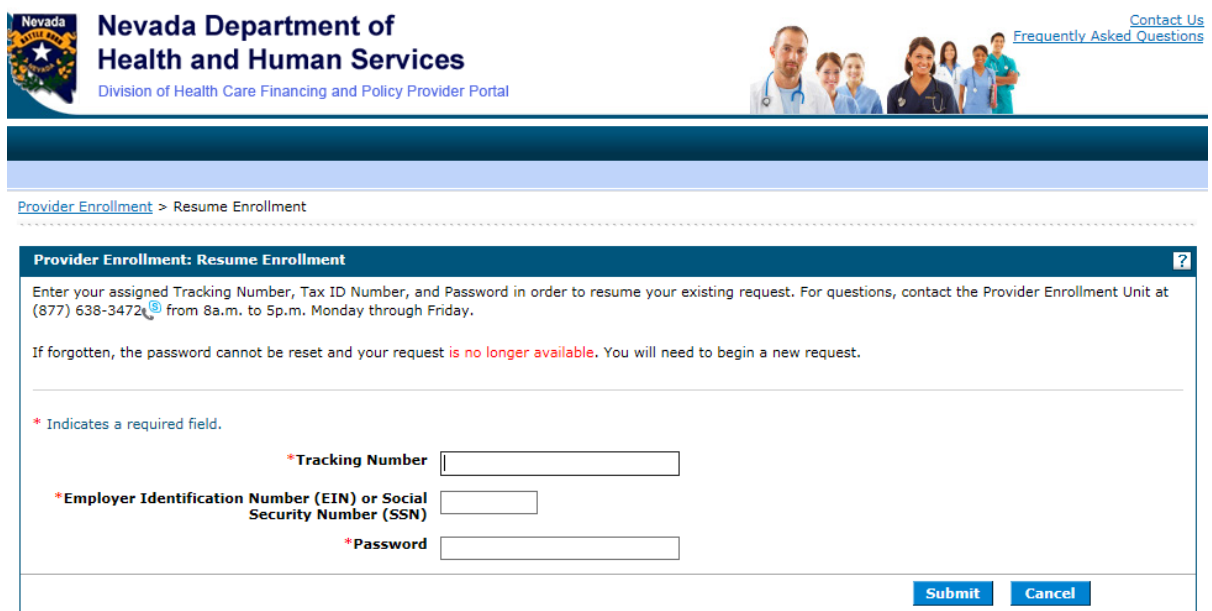
3

6. Click **"Resume Enrollment"** to resume an existing enrollment application that has not been submitted.



The screenshot shows a blue header bar with the text "Provider Enrollment". Below it, there are three links: "Provider Enrollment Application" (with a description "Initiate a new provider enrollment application."), "Resume Enrollment" (with a description "Resume an existing enrollment application that has not been submitted."), and "Enrollment Status" (with a description "Check the current status of an enrollment application."). The "Resume Enrollment" link and its description are enclosed in a red rectangular box.

Provider Enrollment: Resume Enrollment page is displayed.



The screenshot shows the header of the Nevada Department of Health and Human Services website. The header includes the Nevada state seal, the department name, and a navigation bar with links for "Contact Us" and "Frequently Asked Questions". Below the header, there is a breadcrumb trail: "Provider Enrollment > Resume Enrollment". The main content area is titled "Provider Enrollment: Resume Enrollment" and contains instructions for resuming an existing request. It includes a warning about password reset and a form with three required fields: "Tracking Number", "Employer Identification Number (EIN) or Social Security Number (SSN)", and "Password". The form has "Submit" and "Cancel" buttons at the bottom right.

Enter your assigned Tracking Number, Federal Tax Identification Number (TIN or EIN) or Social Security Number (SSN), and Password in order to resume your existing request.

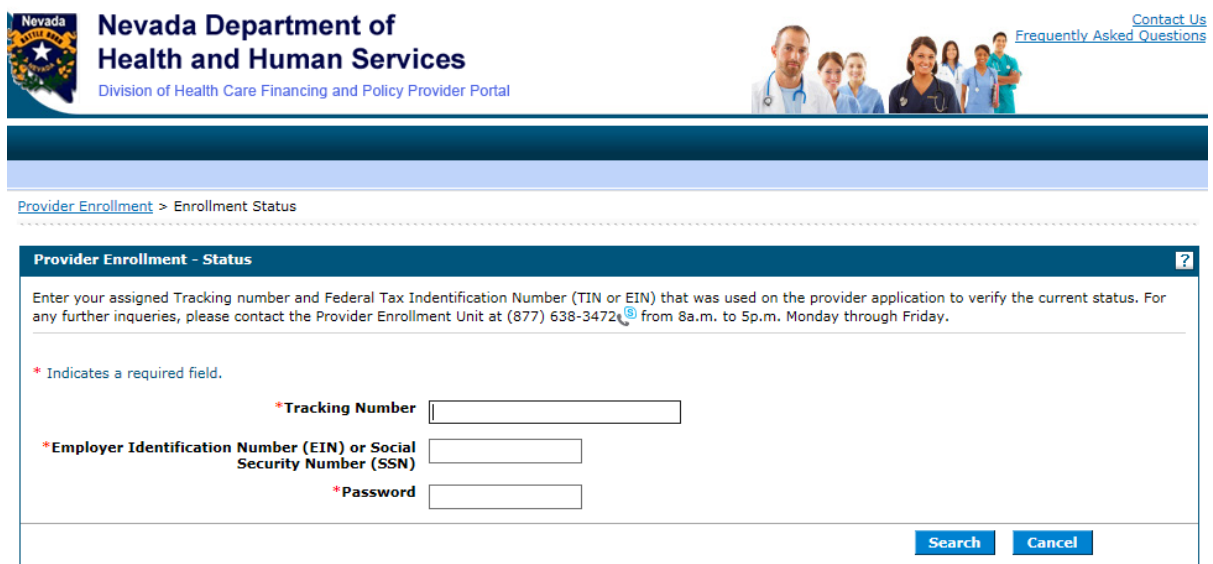
Note: If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

7. Click **“Enrollment Status”** to check on the status of an application.



The screenshot shows a blue header bar with the text "Provider Enrollment". Below it, there are three links: "Provider Enrollment Application" (with a description "Initiate a new provider enrollment application."), "Resume Enrollment" (with a description "Resume an existing enrollment application that has not been submitted."), and "Enrollment Status" (with a description "Check the current status of an enrollment application."). The "Enrollment Status" link and its description are enclosed in a red rectangular box.

Provider Enrollment: Status page is displayed.



The screenshot shows the header of the Nevada Department of Health and Human Services website. It includes the Nevada state seal, the department name, and a navigation bar with links for "Contact Us" and "Frequently Asked Questions". Below the header, a breadcrumb trail reads "Provider Enrollment > Enrollment Status". The main content area is titled "Provider Enrollment - Status" and contains instructions: "Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) that was used on the provider application to verify the current status. For any further inquiries, please contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday." Below the instructions, there are three required fields: "Tracking Number", "Employer Identification Number (EIN) or Social Security Number (SSN)", and "Password". Each field is preceded by an asterisk indicating it is required. At the bottom right of the form are "Search" and "Cancel" buttons.

Enter your assigned Tracking Number and Federal Tax Identification Number (TIN or EIN) or SSN that was used on the provider application to verify the current status.

Note: If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

1.2. Navigation

A table of contents appears at all times during the enrollment process to show your current location in the enrollment process.

As you navigate through each page of the enrollment application, all previous pages in the application are displayed in the table of contents as a link. You can navigate back to that link to apply changes, if needed. You cannot navigate forward within the table of contents, beyond the current page in which you are working. You can navigate back to a previous page, apply updates, and then return to the current page by using the table of contents.

You can enter a partial application and resume the enrollment process at a later time by clicking the **“Finish Later”** button on any page once you have entered the required information on the Request Information page.

You can cancel the provider enrollment process at any time by clicking the **“Cancel”** button; however, data that has been entered will be lost and you will be navigated out of the provider enrollment application.

1.3. Welcome

1. Gather the required information listed on the Welcome page.

Provider Enrollment: Welcome	
Welcome	Welcome to the Online Provider Enrollment System
Request Information	Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll with Hewlett Packard Enterprise as a Nevada Medicaid Provider. Hewlett Packard Enterprise is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program.
Specialties	
Addresses	
Provider Identification	All of the materials within this document must be completed and submitted to Hewlett Packard Enterprise for your request to be processed. A checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Booklet for additional information.
Other Information	
Managing Individuals	Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.
Agreement	
Attachments	
Summary	If you have questions concerning enrollment, contact Provider Enrollment at (877) 638-3472 (select options for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m., Monday through Friday.
	Please click the "Continue" to proceed.
	<div>Continue Cancel</div>

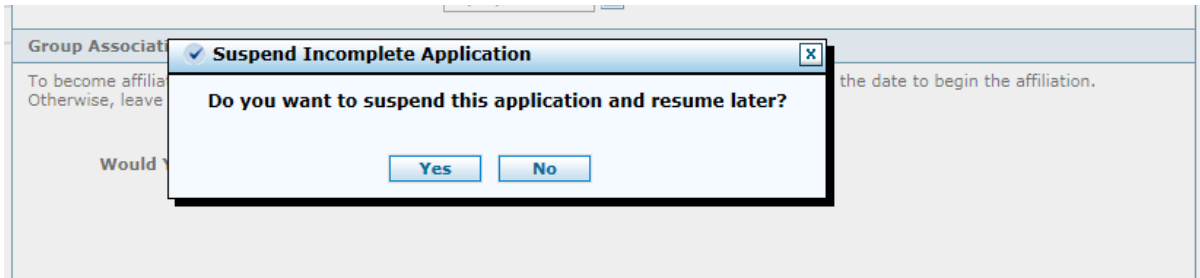
2. Click "Continue" or press the "Enter" key to begin the enrollment application. The Request Information page appears.

Provider Enrollment: Request Information	
Welcome	Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later".
Request Information	The contact person will potentially be contacted to answer any questions regarding the information provided in this request.
Specialties	* Indicates a required field.
Addresses	
Provider Identification	Initial Enrollment Information
Other Information	*Enrollment Type <input type="text"/>
Attachments and Fees	*Provider Type <input type="text"/>
Agreement	*Requested Enrollment Effective Date <input type="text" value="09/02/2015"/>
Summary	Provider Information
	*Are you currently enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No
	*Were you previously enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Contact Information
	This contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request.
	*Last Name <input type="text"/>
	*First Name <input type="text"/>
	*Telephone Number <input type="text"/> Telephone Number Extension <input type="text"/>
	Fax Number <input type="text"/>
	*Contact Email <input type="text"/>
	*Confirm Email Address <input type="text"/>

1.4. Finish Later

You can enter a partial application and resume the enrollment process at a later time by clicking the “**Finish Later**” button on any page once you have entered the required information on the Request Information page.

1. Click “Finish Later” and the Suspend Incomplete Application pop up message is displayed.



2. Provider Enrollment Credentials page is displayed.

You will need to create a password to continue your application at a later date. Make sure that you **remember your password**; if your password is forgotten it **cannot be reset** and your application information will be lost. You will need to begin a new application.

Provider Enrollment: Credentials ?

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. **A tracking number will be provided.** This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN) 123456789

*Password

*Confirm Password

3. Click “Submit.”

Provider Enrollment: Credentials ?

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. **A tracking number will be provided.** This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN) 123456789

*Password

*Confirm Password

4. The Tracking Information page is displayed with your tracking number.

Provider Enrollment: Tracking Information?

Your enrollment application has been submitted.

Your enrollment application has been assigned the following **tracking number: 30**.

This tracking number must be kept for future reference. Your assigned tracking number, unique password, and tax identification number are all required for future access to your enrollment application. If any of these elements are lost or forgotten, you will be unable to access your enrollment application.


A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:michelle.munguia@hp.com.


Exit

5. A confirmation email is also sent to the contact person's email that was designated on the Request Information page.

1.5. Contact Us

The Online Provider Enrollment home page has a link to the Contact Us page.


**Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

[Frequently Asked Questions](#)[Contact Us](#)

Provider Enrollment

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When you click on the link it will take you to the Contact Us page that contains the Provider Enrollment Mailing address, Phone Number and Fax Number.

Contact Us

Before submitting a question, have you checked the [Frequently Asked Questions](#)?

Use this directory to contact us by phone or mail.

Mailing Address

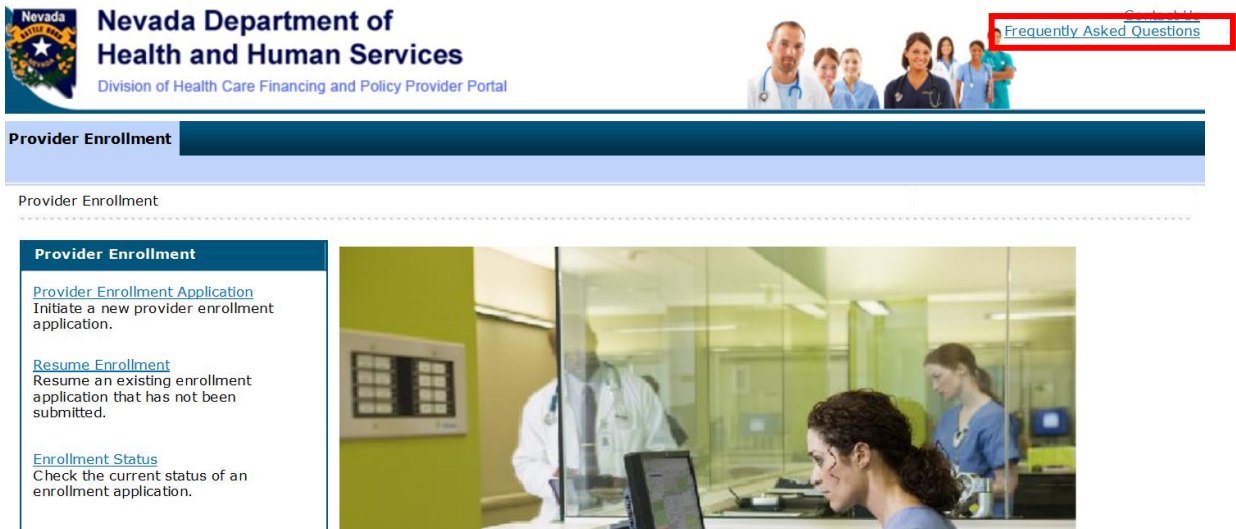
HPES, NV Medicaid
Attn: Provider Enrollment
PO Box 30042
Reno, NV 89520-3042

Provider Enrollment

Hours: 8:00 a.m. – 5:00 p.m. Monday – Friday
Phone: (877) 638-3472 (select option for "Provider Enrollment")
Fax: (775) 335-8593

1.6. FAQs

The Online Provider Enrollment home page has a link to Frequently Asked Questions regarding the online provider enrollment application. You can click this link to see a list of frequently asked questions and answers.



1.7. Other links

The Other links section contains links to:

- Division of Health Care Financing and Policy
- Provider Enrollment Information Booklet
- Enrollment Checklists

